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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Lebanon

Proposed UNFPA assistance: $3.5 million, $2.5 million from regular resources and $1 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: First

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.3	0.7	3.0
Population & development strategies	0.2	0.3	0.5
Total	2.5	1.0	3.5

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LEBANON

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	45.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	60.0	≥55
Access to basic health services (%)[3]	95.0	≥60
Infant mortality rate (/1000)[4]	34.0	≤50
Maternal mortality rate (/100,000)[5]	260.0	≤100
Gross female enrolment rate at primary level (%)[6]	90.3	≥75
Adult female literacy rate(%)[7]	89.0	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	3,009
Population in year 2000 (000)	3,289
Sex ratio (/100 females)	95.1
Per cent urban	87.2
Age distribution (%)	
Ages 0-14	34.1
Youth (15-24)	20.0
Ages 60+	8.3
Percentage of women aged 15-49	52.6
Median age (years)	23.0
Population density (/sq. km.)	289
Annual population growth rate (%)	1.8
Urban	2.3
Rural	-2.2
Crude birth rate (/1000)	24.2
Crude death rate (/1000)	6.4
Net migration rate (/1000)	0.0
Total fertility rate (woman)	2.75
Life expectancy at birth (years)	
Males	68.1
Females	71.7
Both sexes	69.9
GNP per capita (U.S. dollars, 1994)	990

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme for five years over the period 1997-2001 to assist the Government of Lebanon to rebuild its technical capabilities in the areas of population and reproductive health in the aftermath of 16 years of conflict. UNFPA proposes to fund the programme in the amount of $3.5 million, $2.5 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1 million from multi-bilateral and/or other resources (including government trust funds) to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's first cycle of assistance to Lebanon.

2. The proposed programme was developed, in full cooperation with the Government and national non-governmental organizations (NGOs), on the basis of a programme review and strategy development (PRSD) mission that visited Lebanon in August/September 1996. The proposed programme is consistent with national policies and announced orientations. In addition, it takes into account the roles and resources of United Nations partner agencies and other donors, governmental and non-governmental, and the private sector in the area of population. Under the overall objective of sustainable human development, it has been agreed that the UNFPA programme would complement the efforts of UNICEF and the World Health Organization (WHO) in the area of primary health care, particularly Safe Motherhood and HIV/AIDS prevention, as well as UNDP's programme in poverty alleviation.

3. Lebanon is classified a category "B" country under UNFPA's new approach for resource allocation. However, due to the 16 years of war that resulted in the destruction of infrastructure and loss of qualified staff, the urgent need for a population programme is evident. The proposed programme would assist the Government in strengthening its post-conflict human development efforts and in achieving its reproductive health goals by the year 2001. The proposed programme follows the consensus between the Government and the donor community that the priority is to address the immediate requirements of vulnerable groups of the population while addressing the middle-term social development needs of the country. The Government is also committed to providing resources for the proposed programme although no definite figure can be given yet.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Lebanon's population is estimated at 3.1 million, not including Palestinian refugees. The nation emerged from long years of civil strife with its economy and infrastructure destroyed, about one third of its people internally displaced and some 300,000 severely injured, half of whom are

disabled for life. Displaced people together with populations of the North, Ba'albak, Hermel and the South have little or no access to basic health, education and other social services, and the Government has asked for external assistance in addressing their needs.

6. Women are almost absent from political structures in Lebanon. Only since 1992 have they become members of Parliament and now occupy a mere 3 out of 128 seats. Also, while women's access to economic resources and credit is limited, there is an increasing burden on them, as 14 per cent of all households are headed by women. A gender gap is also evident in women's participation in the labour force, which is estimated at only 18 per cent.

7. The nation's total fertility rate is estimated by national sources at 2.5 children per woman (United Nations estimates are slightly over 2.75 children per woman). Marital fertility however is over double the overall rate, and wide variations exist between regions and according to the educational attainment of women. Currently, 61 per cent of married women use contraception. However, 39 per cent of these employ traditional methods. The most common modern method is the intra-uterine device (IUD) at 28.0 per cent, followed by the pill (16.7 per cent), and condoms (9.2 per cent). Surgical female sterilization accounts for 6.9 per cent. Maternal mortality is very high: United Nations estimates are as high as 260 per 100,000 live births, but the Government's lower figure of 128 per 100,000 may reflect the country's more stable conditions. It should be noted that prior to 1993, family planning services were not provided by the Ministry of Public Health but by the private sector and the Lebanese Family Planning Association. With UNFPA assistance, however, family planning services are now being offered at 63 out of the 260 primary health care centres. Despite a relatively high number of medical doctors and nurse-midwives, their level of training and their distribution remains uneven.

Previous UNFPA assistance

8. In the past, UNFPA had no established programme of assistance for Lebanon but was requested by the Government to initiate activities in the country to help rebuild its human and physical infrastructure after the years of conflict. In response, UNFPA supported several key projects including the first large-scale population data collection in Lebanon since 1932; the training of nurse-midwives; information, education and communication (IEC) activities in support of population activities; population policy development; provision of maternal and child health and family planning (MCH/FP) services; and reproductive health activities for the internally displaced populations, including returnees. This assistance proved most relevant in two areas. The MCH/FP project with the Ministry of Public Health contributed to the inclusion of family planning in the primary health care system, as noted above, and paved the way for expanding the scope of services to include other components of reproductive health, which will take place under the proposed programme. Also, the results of the UNFPA-assisted population and housing survey have proven influential in increasing recognition of the need for social development planning.

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9. Lebanon's Government has strong political commitment to population activities. In addition, the Prime Minister has committed his Government to putting a social development agenda at the top of its priority list. Nevertheless, several constraints still need to be addressed, including the absence of officially approved goals in the social agenda; a dearth of population data; gaps in population know-how and technical expertise, especially in the area of reproductive health; and the need for removing all barriers currently restricting access to reproductive health, including family planning and sexual health, services. There is also the need for more policy dialogue with a view to developing explicit population policy goals.

Other external assistance

10. Currently, UNFPA and the International Planned Parenthood Federation (IPPF) are the only donors in the area of population in Lebanon. The emphasis of the World Bank and of bilateral donors has been geared toward the reconstruction of the nation's devastated infrastructure. The social development agenda component of Vision 2000, the Government's planning programme, for example, is to rebuild schools, hospitals, clinics and the like. WHO and UNICEF are supporting the provision of primary health care services. However, the primary health care strategy developed by the Government with the assistance of WHO did not incorporate reproductive health. UNFPA helped the Government address this shortcoming in 1995 by expanding the primary health care strategy to include family planning and the prevention and management of sexually transmitted diseases (STDs), including HIV/AIDS. UNFPA is taking the lead in assisting the Government to coordinate population activities in general and reproductive health in particular.

Proposed programme

11. The Government of Lebanon has set a number of national reproductive health goals for the year 2001. These include reducing the current level of maternal mortality to 64 per 100,000 live births, lowering the infant mortality rate to under 24 per 1,000 live births and under-five mortality to below 30 per 1,000 live births, and reducing the total fertility rate from 2.5 to 2.2 children per woman. It seeks to increase the use of modern contraceptive methods to 47 per cent while at the same time increasing contraceptive choice to men and women. A further objective is to raise the proportion of medically attended deliveries to 90 per cent and to reduce the prevalence of STDs, including HIV/AIDS. UNFPA's proposed programme would assist in meeting these goals by improving access to quality reproductive health services and information for those people living in certain underserved areas of the country.

12. The focus of the proposed UNFPA programme is, therefore, on reproductive health, including family planning and sexual health. Limited support would be provided to assist the Government finalize the analysis of the population data and the population policy activities already in progress. The proposed programme aims at integrating the full range of quality reproductive health, including

family planning and sexual health, services and IEC in government and NGO clinics at the primary health care level and strengthening referral at the secondary health care level to help reduce maternal mortality and morbidity and increase the use of modern contraceptives. It would also strengthen national capacity for reproductive health programme development, management, monitoring and evaluation.

13. In order to achieve the first objective, UNFPA would assist the Ministry of Health in the development of a national strategy and master plan of action for the full integration of reproductive health components into the primary health care system. The master plan would be based on the findings of research to be conducted under the proposed programme and would include identification of appropriate ways that services and activities could be expanded incrementally on the basis of national priorities. Reproductive health would be integrated into the clinics of the Ministry of Health, Social Service Centres of the Ministry of Social Affairs and the Lebanese Family Planning Association in underserved areas, including those of the internally displaced populations and returnees in Mount Lebanon, the North, Ba'albak, Hermel and the South. These geographical areas were selected because their infant mortality and maternal mortality and morbidity rates are higher than national averages while their contraceptive prevalence rates are lower. By focusing on these areas, the programme would contribute to bridging the gaps between regions and population groups in terms of accessibility to reproductive health care. Emphasis in provision of reproductive health services would be placed on family planning, the prevention and management of STDs, including HIV/AIDS, Safe Motherhood, and youth and adolescent reproductive health.

14. As part of these efforts to help integrate reproductive health into the primary health care system, UNFPA would provide support to: (a) develop human resource capabilities through training of various categories of service providers at the pre-service and in service levels both in clinical aspects of reproductive health as well as in counselling and interpersonal communication; (b) provide basic medical equipment, supplies and contraceptives; (c) establish an effective logistics system; (d) conduct IEC activities aimed at both men and women of pertinent segments of the population, particularly youth and adolescents. IEC activities would focus on increasing the use of modern contraceptives, promoting male responsible sexual behaviour and supporting women's reproductive health and reproductive rights.

15. In order to strengthen national management capacities, training would be provided for reproductive health managers and other pertinent staff of the Ministry of Health and NGOs in programme design, management, coordination, monitoring, supervision and evaluation. Support would be channeled for research on maternal morbidity, sociocultural aspects of reproductive health and youth sexuality and the analysis of the PAPCHILD survey. Assistance would be extended to the Ministry of Public Health to incorporate reproductive health service statistics and quality data, including client satisfaction and perception of quality of care, into the existing health information system. This would help to develop benchmark indicators to monitor and assess the impact of the

proposed programme. In order to ensure sustainablity, the proposed programme would also support NGOs and the Government in undertaking operations research, including on such matters as the feasibility of cost containment and cost recovery systems.

16. In line with the PRSD recommendations, a limited amount of support will be provided to the Permanent National Population Committee and its technical secretariat so that it can finalize the national population policy and its plan of action, which will include quantitative and qualitative goals that are related, among other things, to reproductive health. The PRSD also recommended providing modest support for the analysis of the population and housing data to help establish indicators to monitor implementation of population policies and programmes.

Implementation, monitoring, evaluation and coordination

17. In order to cement national ownership of the proposed programme, national execution will be considered as much as capacity allows without compromising expected impact. WHO, in close coordination with UNFPA, would execute components of the reproductive health programme. Execution by international NGOs will also be considered on the basis of comparative advantage. All activities will be implemented by the Government and national NGOs, tapping national expertise where available. Technical backstopping will be provided by the Country Support Team based in Amman, Jordan. South-South cooperation as well as cooperation with regional projects such as PAPCHILD and Al-Azhar University will form an important source for improving the technical capabilities of Lebanese nationals.

18. Established UNFPA procedures and guidelines for the monitoring and evaluation of the programme will be followed. All of the programme's activities will incorporate quantitative and qualitative goals. Progress achieved by these projects will be assessed through continuous measurement of selected indicators indicated in the ICPD Programme of Action. The programme will be subject to annual reviews and to a mid-term review in May 1999.

Recommendation

19. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Lebanon, as outlined above, in the amount of $3.5 million, $2.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.